MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

B63-040439

DEPA	HTML	ENI	٥r			HEALTH AND WELFARE	STATE FILE NUMBER			
DO NOT WRITE	4	AMENI	DED	l	_	Registration District No. Primary Registration District No. 5.595 Registrar's No. 137				
ON THIS STUB						PLACE OF DEATH 2. USUAL RESIDENCE (Where decease	sed lived. If institution: Residence before			
vs 300 :	, 1 1 1 1 1 1 COUNTY				1 '	COUNTY STATE 3.5				
Rev. 4/59	걸		-		Jefferson missourf St. Louis					
NOT. 4/ 37	Z I				1	b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b c. CITY OR	Inside Limits			
, ,]	AMENDED				!	TOWN Rock Township TOWN Kirkwood				
0500		j l			1 _	HOSPITAL OR I ADDRESS	utside, give location) Reside on Farm			
	DATE				1	institution Highway 61-67 Yes No IX 819 Cullo	oden Yes□-NeX			
24003	, 은	 - -	+	 	=					
3 4					1 3	3. NAME OF DECEASED AUDITED (Type or print) Audited Last 4. DATE Month Day Year OF OF				
		H			۱_	DEATH DEATH	10 - 15 - 63			
-		+				5. SEX 6. COLOR OR RACE 7. Married 1. Never Married 1. 8. DATE OF BIRTH 9. AGE (last bir	rihday) IF UNDER 1 YEAR 1F UNDER 24 HR Months Days Hours Min.			
5						Female White Widowed Divorced 12/29/22 40				
	_				10	DB. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or co	ountry) 12. CITIZEN OF WHAT COUNTRY			
6	≨				1	during most of working life, even if retired) StaJoseph Hospa Kennett, Missour	ci U.S.A.			
7 4	의] [13	36. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAJ	ME OF HUSBAND OR WIFE			
7 8	FOLLOW				1	_ _	eph Szuch			
8 - 1					15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address			
_ ^ V _ [YS				ίΥ	(es, no, or unknown) (lif yes, give wer or dates of service no Toseph Szuch - 8	_			
<u> </u>	ARE			_	٦-					
10 !				띪	1	PART I. DEATH WAS CAUSED BY:	CONSET AND DEATH			
	CORD	1	- 1	1 < 1		18. CAUSE OF DEATH (Enter only one cause per line for (8), (10), one (1). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Moltople FRACTURES Y TWIREND! TWICE AND DEATH TWICE AND DEATH				
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1291-3	S RE			S		Conditions, if any, which gave rise to above cause (a).	FUJURIOS.			
1291-3	EA E			S		Conditions, if any, which gave rise to above cause (a). stating the under-lying cause last. DUE TO (c)	FUJURIOS.			
1291-3	N THIS RE		 -	S	Z.	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal	PART III. If deceased was female was			
13 40	S ON THIS RE		 -	S	VIION	Conditions, if any, which gave rise to above cause (a). stating the under-lying cause last. DUE TO (c)	PART III. If deceased was female was there a pregnancy in last 90 days.			
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RIBBON RIBBON	READ AMENDMENTS ON THIS RE			S	ICAL CERTIFI	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of INJURY a.m. p.m. 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of Injury	PART III. If deceased was female was there a pregnancy in last 90 days. Yes			
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMEI

1 hereby certify that the body whose name is reco	rded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No.
vorking under my personal supervision.	
tudent	Signed Selet J. Krispin
Signature of Student Embalmer	() /2./02
	Licensed Embelmer No.
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.